New England Deaconess Hospital

pulse

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A new valve and a new life

by James S. Plaut

James S. Plaut received his "shiny new valve" at New England Deaconess Hospital on May 17, 1982. His cardiologist is Ahmed Mohiuddin, M.D., and the surgeon was Mian M. Ashraf, M.D. Plaut is director emeritus of the Institute of Contemporary Art in Boston and a former executive officer of the New England Aquarium and Old Sturbridge Village. Portions of this article were published in The Boston Globe, *December 3, 1983.*

I am writing this article because I believe that it may bring hope and encouragement to many people of my age who have to undergo open heart surgery. While this operation is a major one, the statistics of recovery are spectacular: about 95 percent of those operated on survive, and the majority can look forward to many years of better health and positive living.

On February 1, 1982, we celebrated my 70th birthday. I have led an active professional life, traveled often and widely, played tennis regularly, and sailed my own boat. I thought I was in excellent health, my only complaint being that I seemed to tire too easily, which I thought was appropriate to my age.

Five years ago, our family physician had detected a heart murmur during a routine checkup. Three years ago, he referred me to an eminent cardiologist who followed my situation with periodic electrocardiograms, echocardiograms, and stress tests. The fatigue factor and an increasingly "loud" murmur indicated a heart valve defect. This was confirmed finally by an angiogram (cardiac catheterization) procedure, which revealed that my aortic valve had narrowed dangerously through calcification. The normal diameter of the valve opening is 4½ centimeters, but mine had narrowed to ½ centimeter — in effect, it was 90 percent closed. The verdict was clear. Without correction, the valve would probably shut down completely (and fatally) within two years, so that an operation to replace the valve would have to take place soon. I did not want to wait one day longer than necessary because (as I learned subsequently) the anxiety I felt during the waiting period was by far the worst part of the whole experience.

I was faced, however, with one difficult decision that I could not leave to others. One world-renowned team of specialists favors a so-called natural tissue replacement, using a valve taken from a pig; another team favors an artificial prosthesis made of titanium. Each replacement has its advantages and disadvantages. The titanium valve is likely to clot, with grave consequences such as the possibility of stroke, so that the patient is obliged to take an anticoagulant drug throughout life. The pig valve replacement is not as

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Margaret Hyland (left), administrative secretary, Nursing Service, and Marge Wiggins, R.N., assistant coordinator of nursing practice and 1983 United Way keyperson, with United Way poster created by Hyland.

United Way campaign tops goal by 15 percent

Deaconess employees built " a rainbow of hope" for thousands of less fortunate Massachusetts residents by supporting the 1983 United Way campaign. More than 1,150 people contributed $55,193 — 15 percent over the $48,000 goal and almost $10,000 more than 1982 donations.

Marge Wiggins, R.N., assistant coordinator of nursing practice and 1983 United Way keyperson, says, "We didn't expect to surpass our goal by so much, but I think it's terrific! Our captains and solicitors put a lot of hard work and enthusiasm into this campaign, and their efforts really paid off."

The 1983 United Way campaign began October 17 and officially ended on October 28, but "pledge cards just kept coming in until early December," says Wiggins. Most employees who donated gave through the weekly payroll deduction plan; others chose to contribute through a monthly direct billing or a single donation.

United Way funds are distributed to 176 human service agencies in 86 cities and towns in eastern Massachusetts — including social service, emergency and special service, community and youth development, and health service agencies. For every dollar received, 88 cents are given to the receiving agencies; only 12 cents per dollar go to administrative expenses.

"I have a lot of respect for the United Way," Wiggins says. "It is one of the most efficient volunteer organizations in the country. I always gave to the United Way, even before I became involved in fundraising."

Employees donating at least 50 cents per week or $26 per year were eligible to win an extra floating holiday. Ten winners — five during each week of the campaign — were randomly selected from the eligible donor cards. The lucky winners are: Joanne Coffin, Physician Financial Services; Rosalie D'Amelio, Surgical Services; Janice D'Amore, Service Coordination; Carol Keyes, Intensive Care Unit; Mary Lane, Nursing Service; E. Edward Lucchini, Podiatry; Jean Lori MacDonald, Recovery Room; Sandra Mitchell, Nursing Service; Debra Portmann, Cardiac Care Unit; and Laura Wong, Radiology.

Deaconess says goodby to 62 long-time employees

"Today is a happy and sad occasion," said NEDH Associate Director David Lilley to some of the many Deaconess employees who retired at the end of November. "It's happy because our friends are moving into new lives but sad because we're losing some outstanding employees."

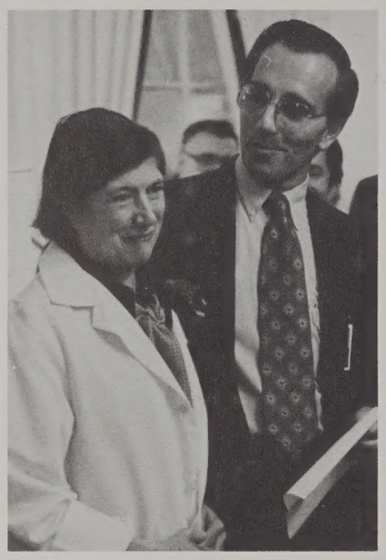
A special optional retirement plan — offered to all employees aged 55 and over with 10 or more years of service by December 1 — was part of the hospital's effort to comply with Chapter 372 cost restrictions.

"We encouraged eligible employees to choose early retirement by offering additional benefits," says Jack Kilkelly, director of Personnel. "With 62 employees participating in the program, compared to 12 employees who retired in the 1982–83 fiscal year, we consider it a success."

Those choosing the optional retirement plan also were offered special post-employment planning (PEP) sessions, which provided assistance in financial planning as well as in handling the psychological impact of retirement.

Benefits Administrator Susan Killeen, who organized the PEP sessions, says, "The program was announced in August, so we couldn't give people a lot of time to prepare for such a big change in their lives. We geared the PEP sessions especially to their needs."

At three parties sponsored by the Personnel Department on November 29, employees choosing optional retirement received the good wishes of NEDH management and their coworkers. The new retirees expressed a variety of thoughts about leaving the Deaconess.



Natalie Tompkins, central processing aide, receives the thanks of David Lilley, associate director, for her 51 years of service to NEDH.

"I have very mixed feelings," admitted Shirley Hillson, administrative assistant to the director of Nursing. "I've loved being where I am, but you can't keep putting things off."

Lena Jordan, Medical Records, explained, "I felt it was time to try something else, but I don't know how I'll feel next week."

Several retirees will return to the Deaconess as volunteers, and others already have made plans for their new free time. George Saulnier, foreman in Maintenance, said that he plans to enjoy life and do a lot of traveling. "I've been working since I was 14, and it's time to call it quits."

"I don't have any real plans yet," said Lois Thomas, nursing care coordinator. "Just making up my mind to go has been the biggest decision up until now."

Associate Director Peter Campisano told the retiring employees, "You represent a vital part of the hospital," and Merle Legg, M.D., chairman of Pathology, added, "You people have been a cornerstone of this institution."

"We hope you won't go too far away," said Ellen Howland, R.N., director of Nursing. "Whenever you come to visit us, we will consider it a special occasion."

Ellen Howland, R.N. (left), director of Nursing, congratulates Mariam Lefrancois, Farr 3 unit clerk, on her retirement.

See page 6 for list of retirees

Thompson tells medical staff of changes in health care environment

Hospitals, physicians, and health insurance organizations are facing some of the greatest challenges in their history, according to John Larkin Thompson, president of Massachusetts Blue Shield. Speaking at the annual meeting of the NEDH medical staff on October 27, Thompson outlined how government regulation and competition from alternative sources of medical care are changing the environment in which health care institutions operate.

Medicare — federal health insurance for those over 65 — is "a program in turmoil," said Thompson, caught between the government's efforts to shift costs away from the public sector and the activism of groups working to preserve benefits for the over-65 population. In regard to Medicare, he noted, "1983 was the year of the hospital," referring to the diagnosis-related-group prospective payment system recently enacted for Medicare hospital payments; "and 1984 will be the year of the physician."

Thompson predicted that the current system of "usual and customary charges" for physicians' services will disappear. This method permits different levels of payment to different physicians for the same procedure, and may be replaced by an average payment for a particular procedure. As a result, Thompson said, "physicians who have charged less will be paid more and those who've charged more will be paid less."

The traditional system of employer-paid health insurance provided by Blue Cross or a similar organization also is changing. In Massachusetts, according to Thompson, the passage of Chapter 372 "was a direct result of major employers' saying 'we've had it!' with rising health insurance premiums."

Now, employers are looking at options for health insurance. They are actively encouraging their employees to enroll in health maintenance organizations, which average a much smaller rate of hospitalization — and as a result lower costs — than Blue Cross has in the past. "Employers are approaching health care entirely in terms of cost," he said, "not quality of care."

How can organizations such as Blue Cross/Blue Shield and hospitals such as the Deaconess face these challenges? One solution, according to Thompson, is better management of patient care. A pilot program in the Worcester area operated by Blue Cross and the Fallon Clinic offered a managed care program to Medicare beneficiaries and reduced the rate of hospitalization by more than 60 percent.

Blue Cross now is looking at ways to include elements of managed care — second opinions, preadmission authorization, discharge planning — into its Master Medical program, with the goal of offering employers a choice wherever possible.

Hospitals also must manage care to minimize costs. "Employers are influencing their employees to go to the least expensive hospital," said Thompson. "Many are trying to keep their employees in the community hospitals and out of the downtown institutions, except when care can only be received in a tertiary institution."

Hospitals, physicians, and insurers must cooperate if they are to meet what Thompson calls "the ultimate challenge of the 1980s — to reduce what has become an unacceptable level of costs without sacrificing the traditional values of access and quality."

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subject to clotting, so that anti-coagulants are not necessarily required; but the replacement procedure has not had a long history as yet, and there is the inherent risk that the natural tissue valve, over time, may be subject to the same degree of blockage as the human valve, entailing the risk of another operation in the future.

The operation

After some intense soul-searching, I chose to accept the titanium replacement, largely because of confidence in my cardiologist who favored this procedure. On May 15, 1982, two days before the operation, I was admitted to the hospital. In those two days I was tested to ensure that I was in proper condition to undergo open heart surgery, and I was given a chance to prepare myself emotionally for what was to come.

As for the operation itself, I remember nothing at all. At about 7 a.m. I recall being given an injection and, soon thereafter, being asked to climb out of bed and onto a stretcher. My next recollection was seeing my cardiologist's face appearing over me and hearing him say, "Jim, it's all over, and you're doing fine." According to my wife, I awakened in the recovery room in mid-afternoon, but I cannot remember anything but the doctor's words and the sensations of seeing, hearing, and the ability to move my fingers and toes, which made me feel better.

The next day I was transferred to the intensive care unit, where I am told I spent two days and two nights. Here again, my recollections and impressions are fragmentary because I was comfortably sedated during the entire period. My only remembered discomfort is of the breathing tube in my throat, which was removed 24 hours after the operation. I do remember the warmth of the two young nurses who brought me carefully and tenderly through those first days. I experienced no traumatic pain and was already in a wheelchair when I was sent back to my room, even stopping enroute for a chest X-ray.

Cardiologist Ahmed Mohuiddin, M.D. (left), and Mian Ashraf, M.D. (center), thoracic surgeon, chat with James Plaut who had open heart surgery at NEDH in 1982.

I had been told, both by my doctors and by several friends who had recovered well from similar surgery, that I would experience discomfort but no great pain. Indeed, on the day after I returned to my room, a nurse asked if I wanted some medication for pain, and I said that I didn't need it any more. However, I did require medication for sleep.

Within a day or two, I could sit in a chair for brief periods and walk a few steps. Altogether, I was in the hospital for 13 days, and before being released, I was able to walk, slowly, about 100 yards and — even more slowly — to walk down and up one flight of stairs.

I have only positive memories of the hospital experience: the concern and sensitivity of my doctors and the entire hospital staff, and the extraordinary, letter-perfect skill and professionalism of a large group of dedicated people.

Recuperating

It takes several months to regain strength and mobility after open heart surgery. Strangely, the after-effects of the operation have less to do with the proper function of the heart and lungs than the healing of the chest area — the incision itself and the sternum or breastbone. The muscles and ligaments are stretched when the chest is opened, and the sternum, having been split vertically to gain access to the heart, is wired together when the chest is closed. During convalescence, one's principal discomfort is the kind of soreness in the chest that might be associated, for instance, with the aftermath of rowing a boat too hard. The sternum normally heals within three months, but long before that one can resume a normal life provided that too much strain, such as lifting heavy objects, is not imposed on the chest and arms. Just 10 weeks after surgery, I walked about two miles and swam about a third of a mile almost every day. Now, some months later, I am back on the tennis courts.

Convalescence was a delightful and uplifting experience. At the beginning, I slept a great deal and spent most of the day in or on my bed. Walking, however, is the exercise demanded for restoration of the cardiovascular system. At first I could not walk more than five minutes a day, which was a great effort. Gradually, I was able to add two or three minutes a day to the walking schedule, and after I had been home for a month, I found 30 minutes of walking both tolerable and pleasant.

It was a great satisfaction to feel my strength returning in measurable increments after the first days of weakness, but there were other, more subtle rewards. For one, I finally had enough time to read, and the books poured in, building a veritable cornucopia of tempting titles.

The greatest reward of all has been the opportunity to think, to wonder, and to look ahead. Although I quickly was enmeshed again in familiar surroundings and the continuity of activities long pursued, I am in a way beginning a new life. Being 72 and having enjoyed many years that have been on the whole happy and rewarding, I do not fear dying. But I am somehow a changed person, mostly because I was overwhelmed by countless expressions of love and concern, so often coming from unexpected sources — not just from family, old friends, business associates and my physicians, but from strangers in the hospital, the postman, and the garage mechanic. It is always difficult to measure and assess friendships. Now, suddenly, I have been engulfed in affection, and I realize how hard it will be to express my gratitude in some positive, meaningful way. With my shiny new valve has come a new awareness of the world around me and a strong compulsion to devote my remaining years to the welfare of my fellow beings.

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Bea Carlson (left), Friends of the Deaconess, displays some of the items for sale at the annual Friends Christmas Bazaar, held December 2 to benefit the NEDH School of Nursing.

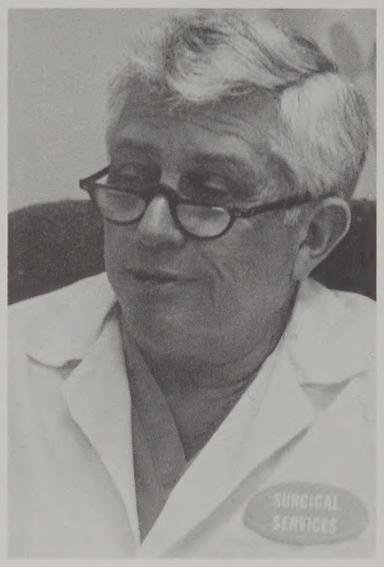
Deaconess physicians chosen to lead medical societies

Two Deaconess physicians recently were elected to top posts of prominent American medical societies. Ellison C. Pierce Jr., M.D., chairman of the Department of Anaesthesia, became president of the American Society of Anesthesiologists (ASA) in October 1983. As president-elect of the American Society of Internal Medicine (ASIM), C. Burns Roehrig, M.D., Department of Medicine, will assume leadership of ASIM at the group's annual meeting in October 1984. Each will serve a one-year term.

ASA is the nation's sixth largest medical group. As the only society representing the interests of anesthesiologists, its policies and guidelines have significant effects on the entire field.

One of Pierce's first acts as president has been the establishment of a patient safety and risk management committee, with a goal of increased prevention of anesthesia mishaps. "We must make sure," he says, "that problems such as an oxygen tank running low or a ventilator not working are kept to an absolute minimum level."

Chairman of the Departments of Anaesthesia at NEDH and Faulkner Hospital, Pierce strives to keep both institutions at the forefront of developments in anesthesia — especially in patient safety. He says, "We try to keep up with state-of-the-art technology by replacing obsolete machinery at the rate of two machines per year." In addition, he plans to move both anesthesia departments toward more involvement in teaching and clinical research.

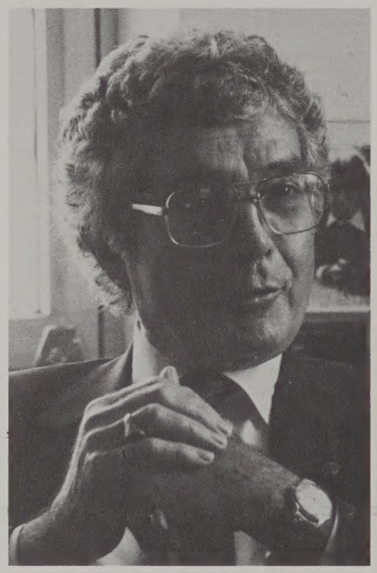


Ellison C. Pierce Jr., M.D., president of the American Society of Anesthesiologists.

Pierce believes one of his most important tasks as a leader in the anesthesia field is to deal with the "fantastic" changes in physician reimbursement methods being made by state and federal governments. "Physicians and hospitals need to work together very closely in these difficult economic times," he says, "or health care systems as we know them can't exist. Physicians are very conscious of cost containment measures and will do whatever they can to help hospitals with their financial burdens."

The American Society of Internal Medicine, an organization of some 20,000 internists and subspecialists, is primarily concerned with the social, economic, and political factors that directly affect medical practice and patient care. President-elect Roehrig has a particular interest in issues involving physician reimbursement.

As a director of Massachusetts Blue Shield and a member of its central professional service committee (a group that determines generally accepted medical procedures), Roehrig has been involved in the debate surrounding organ transplantation. He believes transplants will become routine medical practice and that this is appropriate, as long as there are guidelines for the proper use of the procedures. "I'm very excited that the Deaconess is involved in liver transplantation," he says. "It helps keep us at the cutting edge of medicine."



C. Burns Roehrig, M.D., president-elect of the American Society of Internal Medicine.

Roehrig cautions, however, that the growing reliance on technology could lead away from personalized patient care. As chairman of ASIM's cognitive services task force, he works to encourage government, third-party payers, and other medical specialists not to place too much emphasis on costly technology and investigative procedures at the expense of the more personal aspects of patient care — such as spending the time to learn a patient's complete medical history.

"Interested, caring physicians allow the Deaconess to attract an adequate, varied patient base," he says. "They are our most valuable asset."

A former president of the Medical Staff and trustee of the Deaconess, Roehrig specializes in diabetes treatment and research, and also treats patients in cardiology, gastroenterology, hematology, and oncology.

"I enjoy the breadth of practice in covering all aspects of internal medicine," he says. "I think it is the ideal specialty for optimal patient care, and optimal care is what we are constantly trying to achieve."

News in Brief

John Connelly, Safety and Security manager, was recently elected vice chairman of the Boston chapter of the American Society for Industrial Security. The chapter consists of more than 800 security directors from high technology, financial, educational, manufacturing, retail, government, and health care institutions.

Renal transplant nurse **Pat Conway, R.N.,** spoke on organ transplantation to the critical care nursing conference of the greater Boston chapter of the American Association of Critical Care Nurses held in the fall. Her other recent speaking engagements included a lecture on kidney and liver transplantation for the annual meeting of the NEDH School of Nursing Alumnae Association and presentation of an abstract on overwhelming strongyloidiasis infection in a renal transplant patient to the northeast regional meeting of the American Association of Nephrology Nurses and Technicians in Boston.

Beth Cronin, R.D., M.S., clinical dietitian/diabetes, was recently elected secretary of the Greater Boston Diabetes Society.

F. Henry Ellis, M.D., chief of thoracic surgery, moderated a panel on mitral valve surgery at the meeting of the International Cardiovascular Surgical Society in Rio de Janeiro, where he also gave a paper co-authored by **Wilford Neptune, M.D.,** thoracic surgeon. Ellis also presented a paper on surgery for esophageal achalasia to the Second International Congress on Diseases of the Esophagus in Rome, gave two lectures on esophageal surgery as a visiting professor at the University of Florida at Gainesville, and spoke on surgical treatment for esophageal motor disorders to the annual meeting of the Philadelphia Gastrointestinal Training Group.

Barbara Hooker, R.N., M.S., associate director of the School of Nursing, was elected to the board of directors of the National League for Nursing at its biennial convention at Philadelphia.

Robert S. Lees, M.D., chief of peripheral vascular disease, delivered the annual Pfizer Lecture sponsored by the Clinical Research Institute of Montreal on December 12, speaking on the spectral analysis of cardiac and arterial sounds. Lees also participated in a recent National Institutes of Health Consensus Development Conference on the Treatment of Hypertriglyceridemia in Washington.

Suzanne Halloran, R.N., coordinator of staff education, was coauthor of an article, "A Staff Education Consortium: One Model for Collaboration," in the October issue of *Journal of Nursing Administration.*

NEDH President **Laurens MacLure** has been named a trustee and member of the corporation of the Joslin Diabetes Center in Boston. He will be part of a nationwide group which advises the center on matters of policy and finance.

Ernest S. Mathews, M.D., neurosurgeon, spoke at the Mid-Maine Medical Center in Waterville during the fall. His talk also was broadcast via interactive television to hospitals in Augusta, Togus, and Lewiston, Maine.

Chairman of the Department of Medicine **Robert C. Moellering Jr., M.D.,** gave a master lecture at a symposium on new antimicrobial agents at the European Congress of Clinical Microbiology in Bologna, Italy.

Barbara Moody, administrative assistant for budget and finance in the Department of Nursing, spoke on developing a nursing management system at the annual GRASP users conference in St. Louis. GRASP is a patient classification system developed at NEDH and now used at more than 500 hospitals in the U.S. and Canada.

Ronald Silvestri, M.D., director of the Medical Intensive Care Unit, spoke on interstitial lung disease at Providence Hospital, Holyoke, Massachusetts, on November 14.

Dermatologist **Michael Wick, M.D.,** gave a lecture recently on the clinical and experimental aspects of melanoma to the Eastern Dermatology Association at the University of Tokyo, Japan.

Resident receives award for transplant research

Frank Pomposelli, M.D., resident in Surgery, has received the 1983 Stanley J. Dudrick Surgical Foundation Scholarship. The award is given annually by the Stanley J. Dudrick Surgical Society of Houston, Texas, to a surgical resident conducting research in nutrition metabolism.

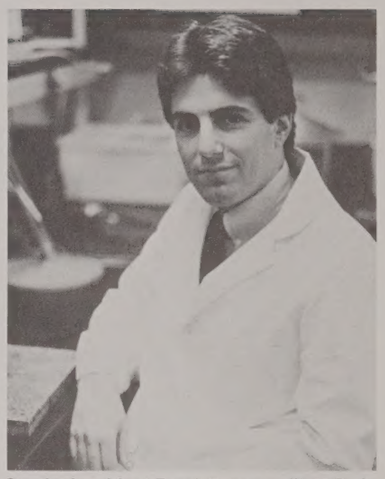
According to Philip Adams, M.D., president of the Dudrick Surgical Society, Pomposelli was selected from 20 applicants from university-affiliated programs across the country. "We were very impressed with his presentation," says Adams. "He had a lot of competition, but his was clearly the best."

Pomposelli is investigating the immunological aspects of small intestine transplants. Experimental transplants have been performed in humans and animals since the early 1960s, but have not been successful in humans. It is believed that problems with the technique may result in part from the intestine's large concentration of lymphocytes (white blood cells that fight infection and destroy foreign material in the body). Lymphocytes from a donor intestine may attack the tissues of the recipient, a condition known as graft-versus-host disease.

In his research in the transplantation lab at the NEDH Cancer Research Institute, Pomposelli seeks both to verify the activity of graft-versus-host disease in small intestine transplants and to identify immunosuppressive agents that may prevent or control the condition. At present, patients who lose their small intestine to injury or disease must be fed intravenously for the rest of their lives, a process called total parenteral nutrition. (This technique was developed by Stanley J. Dudrick, M.D., in whose honor the Dudrick Surgical Society was established.)

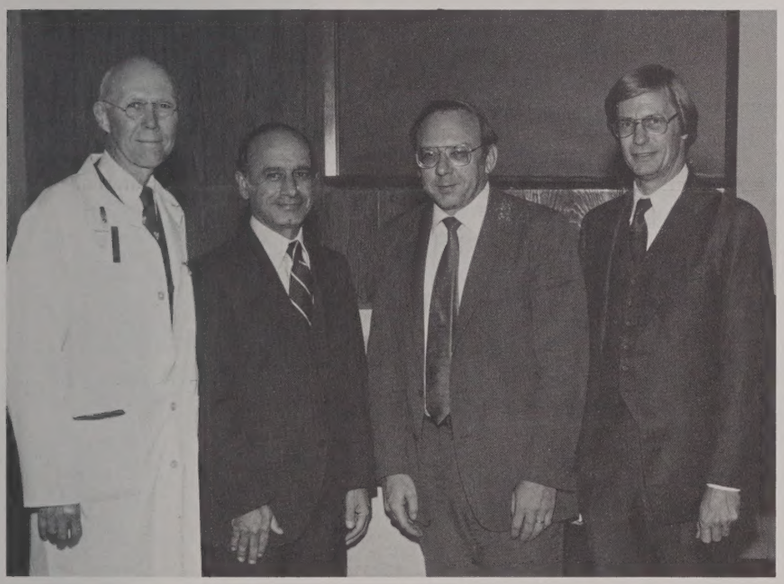
"It is only recently," Pomposelli says, "that residents have been staying at the Deaconess to do research. But with the large number of parenteral nutrition patients served by our Nutrition Support Service, plus our experience in kidney and liver transplantation, it's an ideal place to study this procedure."

Pomposelli is currently on a research leave between his third and fourth years of surgical residency at the Deaconess.



Surgical resident Frank Pomposelli, M.D., in the NEDH transplantation lab.

Department of Medicine gives Tullis Award, hosts visiting physician



At the Department of Medicine alumni symposium (left to right) James L. Tullis, M.D., former chairman of the NEDH Department of Medicine; Siamak Adibi, M.D., 1983 Tullis Award recipient; Robert M. Glickman, M.D., physician-in-chief pro-tem; and Robert C. Moellering Jr., M.D., chairman of the NEDH Department of Medicine.

"The James L. Tullis Lectureship Award," says Robert C. Moellering Jr., M.D., chairman of the NEDH Department of Medicine, "is given in recognition of the accomplishments of a Deaconess Medical Residency Training Program graduate who has achieved prominence in medical research or clinical activity."

Siamak A. Adibi, M.D., Ph.D., received the Tullis Award at the annual medical alumni symposium on November 2. Adibi was a Deaconess medical resident from 1961 to 1963 and subsequently received a Ph.D. in amino acid metabolism from the Massachusetts Institute of Technology. A gastroenterologist, Adibi serves as director of the Clinical Nutrition Center at Pittsburgh's Montefiore Hospital. He is also professor of medicine and of clinical nutrition at the University of Pittsburgh School of Medicine.

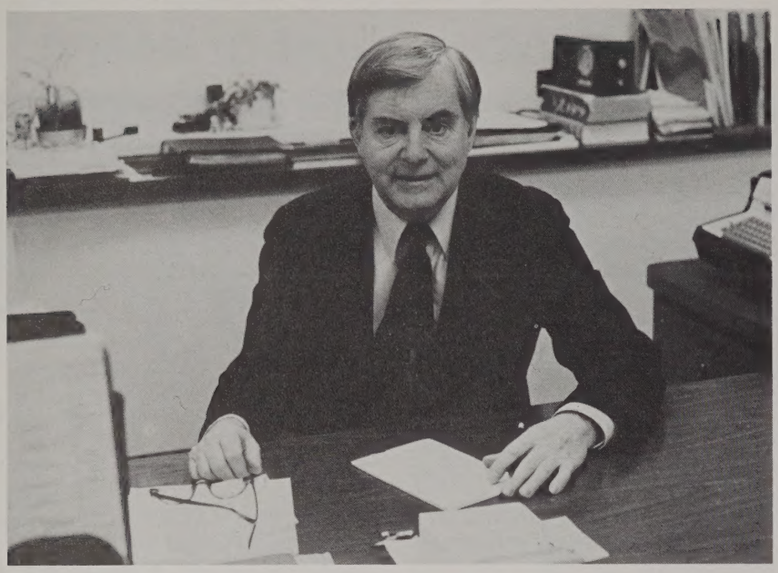
In presenting the award, James L. Tullis, M.D., former chairman of the NEDH Department of Medicine, said, "Siamak Adibi is a fine professor and a distinguished investigator. He's a well-deserving recipient of this honor."

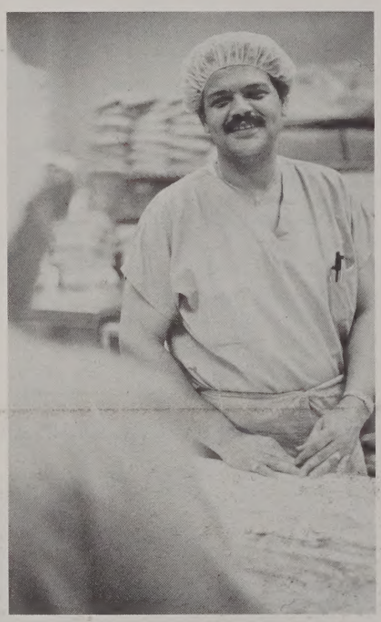
Adibi spoke on the "Biological and Clinical Significance of Peptide Transport" to the audience of medical staff members and alumni. Other alumni participants in the symposium were George M. Eliopoulos, M.D., and Gary S. Johnson, M.D., both of whom are members of the NEDH Department of Medicine and instructors in medicine at Harvard Medical School.

The alumni symposium was the culmination of a three-day visit of Physician-in-Chief Pro-Tem Robert M. Glickman, M.D., Samuel Bard Professor of Medicine and chairman of the Department of Medicine at Columbia University College of Physicians and Surgeons in New York. While at the Deaconess, Glickman presented two lectures on lipoproteins and spent most of his time working with the medical residents. The Physician-in-Chief Pro-Tem program, says Moellering, "is an exceptional educational opportunity for the house officers. They get a chance to learn from a distinguished specialist whom they would not otherwise have a chance to meet."

Strawberry Shortcake (Jennifer Page, Personnel) greets young guests at the NEDH Christmas party on December 21.

Honored for their service





Among 101 employees receiving service award pins on January 20 were William Flatley (above), manager of the Booking department, and George Carrington (right), supervisor, Central Processing, who observed 25th service anniversaries. Karen George, Nursing Service, also has completed 25 years of service.

Moving? We'd like to know.

Because the post office does not forward third-class mail, we need your help in keeping the PULSE mailing list accurate. If you are moving, please inform the NEDH Public Relations Department, 185 Pilgrim Road, Boston, Massachusetts 02215, (617) 732-8046. It would be particularly helpful if you could send your PULSE address label. (NEDH employees should inform their supervisors of changes of address.) Also let us know if you receive more than one copy of PULSE.

Best wishes to retiring employees

Administration

Martin Cernek

Building Services

Callie Albert
Freda Aldrich
Howard Brackett
Rose Cahill
Maria Gil
Irma Kontautas
Mario Leyva
Richard Naliwaika
Ora Smith
Edward Taylor
Isabel Torres

Cancer Research Institute

Natalie Fossati

Data Processing

Albert Smith

Dietary

Florence Bianchini
Rita Brennan
Muriel Cameron
Joyce Clement
Suzanne Fountaine
Doris Jeffery
Francisco Martins
Dorothea McCarthy

Engineering & Maintenance

Raymond Carlson
Cornelius Keating
David O. Moyer
George Saulnier

Foot Room

Sarah Tompkins

I.V. Therapy

Joan Miller

Laundry

Generosa Gimenez
Ramon Gonzalez
Sol Gonzalez
Hector Ruiz

Materials Management

Raymond Dix
Stanley Paxton
John Robb

Medical Records

Sadie Hayden
Lena Jordan

Nursing Service

Rosylin Anderson
Dorothy Bowen
Louise Cannon
Johanna Dwyer
Mary Ford
Iris Godfrey
Shirley Hillson
Ida Johnson
Rose Keller
Mary Roche
Albina Satkowiak
Lois Thomas
Agnes Tookes

Pathology

Caroline DeBernardo
Catherine Greenlaw
Madelyn Lendall

Purchasing

Conrad Casto
Margaret Gilboy

Radiology

Robert Clark

Service Coordination

Helen Callahan
Grace Daley
Doris Fisher
Mariam Lefrancois

School of Nursing

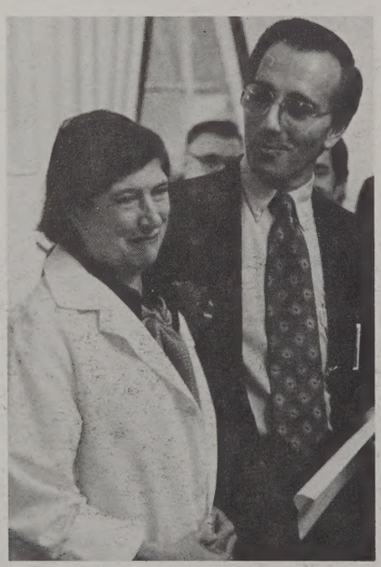
Janie Chapman

Surgical Services

Natalie Tompkins

Long-time employees retire

(see page 2)



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